



APPLICATION FOR HEATING- AIR CONDITIONING PERMIT

OFFICE OF THE
BUILDING OFFICIAL
Town Of Stonington
152 Elm Street
Stonington, Connecticut 06378
(860) 535-5075 • Fax (860) 535 - 1023

Permit # _____ Estimated Cost: _____ Fee: _____

Location of Property: _____

Owner of Property: _____

Owner's address if different from location: _____

Applicant: _____ License # _____

Address: _____

Phone Number: _____

New Building _____ Existing Building _____ Intended Use of Building _____

Type of Installation:

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Hot Water | <input type="checkbox"/> Sprinkler |
| <input type="checkbox"/> Steam | <input type="checkbox"/> Ventilation |
| <input type="checkbox"/> Hot Air | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Air Conditioning | |

DESCRIPTION OF PROPOSED INSTALLATION: _____

All work covered by this application has been authorized by the owner or agent of this property and will be done according to State Regulations.

Date: _____ Applicant's Signature _____

- ☐ Approved
☐ Disapproved

Town Building Official Date _____